

APPEAL RECEIPT SHEET

Case Number:

1:13-CV-3659-CC

Date fee paid
over the counter:

Date fee paid and date check
receipted from check log:

4-8-15

Transcript Order Form
given to attorney/courier:

Yes _____

No ✓

Court Name: Northern District of Georgia
Division: 1
Receipt Number: GAN100072682 **72682**
Cashier ID: bgutting
Transaction Date: 04/08/2015
Payer Name: SHERRIE HAMPTON MUHAMED

NOTICE OF APPEAL/DOCKETING FEE
For: SHERRIE HAMPTON MUHAMED
Case/Party: D-GAN-1-13-CV-003659-001
Amount: \$505.00

PAPER CHECK CONVERSION
Check/Money Order Num: 100669481345
Amt Tendered: \$505.00

Total Due: \$505.00
Total Tendered: \$505.00
Change Amt: \$0.00

With a check payment you authorize
us either to use information from
your check to make a one-time
electronic fund transfer from your
account or to process the payment
as a check transaction. For
inquiries or privacy
information, call 404-215-1625

▶▶ Pull To Open

EXTREMELY URGENT Please Rush To AddresseeSchedule package pickup right from your home or office at usps.com/pickupPrint postage online - Go to usps.com

PLEASE PRESS FIRMLY



Flat Rate Mailing Envelope

For Domestic and International Use

Visit us at usps.com

U.S. POSTAGE
PAID
GAINESVILLE, GA
30501
APR 08, 15
AMOUNT
\$19.99
00115319-11



When used internationally
affix customs declarations
(PS Form 2976, or 2976A).



**PRIORITY
★ MAIL ★
EXPRESS™**

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE (404) 786-6291

SHERRIE HAMPTON-MUHAMMAD
4329 DONERAIL DR
SNELLVILLE, GA 30039

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

☒ **SIGNATURE REQUIRED** Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- ☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available*)
☐ 10:30 AM Delivery Required (additional fee, where available*)
 *Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

PHONE ()

CLERK OF COURTS
U.S. DISTRICT-NORTH DIST. ATLANTA
2211 U.S. COURTHOUSE
75 SPRING ST
ATLANTA, GA 30303

ZIP + 4® (U.S. ADDRESSES ONLY)

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
 ■ \$100.00 insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)

<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 30504	Scheduled Delivery Date (MM/DD/YY) 4-7-15	Postage \$ 19.99	
Date Accepted (MM/DD/YY) 4-6-15	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted 2:54 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Weight lbs. 2 ozs.	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 19.99	
Acceptance Employee Initials JAC			

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

LABEL 11-B, JANUARY 2014

PSN 7690-02-000-9996

3-ADDRESSEE COPY

7.2



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UNITED STATES

LABEL 11-B

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